

The WASHINGTON STATE
LIVING WILL
 R E G I S T R Y

Registration Agreement / Authorization to Change

IMPORTANT – Read all instructions before completing this form.

Instructions:

1. Read the *Registration Agreement / Authorization to Change* form carefully.
2. On the *Registration Agreement / Authorization to Change* form type in the highlighted boxes or print the form and write clearly in dark ink.
3. Be sure to sign and date the *Registration Agreement / Authorization to Change* form.
4. Attach copies of your health care directive documents (DO NOT send the originals).
5. Mail your health care directive documents and your signed *Registration Agreement / Authorization to Change* form to:

Washington State Department of Health
 Living Will Registry
 PO Box 47813
 Olympia, WA 98504-7813

Or FAX to: 908-654-1919



For forms or additional information visit: <http://www.doh.wa.gov/livingwill> or call 1-800-525-0127

What is a Health Care Directive Document:

A health care directive is a legal document that shares a person's wishes regarding their health care treatment and end of life choices should they become incapacitated or otherwise unable to make decisions. The Washington State Living Will Registry is a secure database that allows people to electronically store a copy of their health care directive documents. The database may be accessed when needed by authorized health care providers.

1. Check the applicable box (check ONLY one box)

I want to: Store my health care directive documents in the Registry (new registration)
 Replace a health care directive document(s) now in the Registry with a new one
 Add an additional health care directive document to my currently stored documents
 Remove my health care directive document(s) from the Registry

2a. Check the applicable statement (check ALL that apply)

Attached to this *Registration Agreement / Authorization to Change* is/are: (Check types)
 Health Care Directive / Living Will / Advance Directive
 Durable Power of Attorney for Health Care
 Mental Health Advance Directive
 Physician Orders for Life Sustaining Treatment (POLST)

2b. Check the applicable statement (check ALL that apply)

Remove my health care directive documents from the Registry. (Check types)
 Health Care Directive / Living Will / Advance Directive
 Durable Power of Attorney for Health Care
 Mental Health Advance Directive
 Physician Orders for Life Sustaining Treatment (POLST)

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3. Registrant Personal Information

LAST NAME	FIRST NAME	FULL MIDDLE NAME	
MAILING ADDRESS	APT #	CITY	STATE ZIP CODE
HOME PHONE # ()	WORK / OTHER PHONE # ()	DATE OF BIRTH	GENDER

4a. Emergency Contact (Persons listed on Health Care Directive documents, Legal Guardians, or Family)

LAST NAME	FIRST NAME	MIDDLE NAME	
MAILING ADDRESS	APT #	CITY	STATE ZIP CODE
HOME PHONE # ()	WORK / OTHER PHONE # ()	RELATIONSHIP TO REGISTRANT	

4b. Alternate Emergency Contact

LAST NAME	FIRST NAME	MIDDLE NAME	PHONE # ()
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5. Registration Agreement:

I, (print name) _____ request my health care directive documents be registered in the Washington State Living Will Registry. I authorize access to my documents as allowed by Washington State law. By signing below, I agree to the following statements:

- The information provided is accurate, and the documents registered are current.
- I will safeguard my registration number and wallet card from unauthorized access.
- I will immediately notify the Washington State Living Will Registry of changes to my personal identification information or health care directive documents. Notifying the Registry of change is vital if I want my wishes to be carried out.
- The Registry shall not be liable for improper, inaccurate, or incomplete transmission or disclosure of my health care directive documents or for the loss or unavailability of all or part of my documents. Registering my documents is not a guarantee that my health care treatment wishes will be followed.
- I have read, understand, and agree to the terms of the Washington State Living Will Registry Registration Agreement.

I understand registering my documents with the Registry is voluntary and not required by Washington law. I am making this agreement of my own free will and no one is forcing me or putting pressure on me to register. I understand that anyone who has access to my wallet card can use it to gain access to my health care directive documents and personal identification information. This authorization remains in effect until the Registry is notified that I have revoked it.

Signature of Registrant: _____

Date: _____



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Registration Agreement

1. To register a health care directive document, the user must complete and mail the *Registration Agreement / Authorization to Change* form along with copies of their health care directive documents to:



Washington State Department of Health
Living Will Registry
PO Box 47813
Olympia, WA 98504-7813

Or FAX to: 908-654-1919

Registration is not effective until the user receives written confirmation from the Registry.

2. Upon receipt of the *Registration Agreement / Authorization to Change* form and health care directive documents, the Registry will scan the materials and store them in a secure database along with the personal identifying information submitted on the agreement form. The Registry will mail the user the following:
- Confirmation letter.
 - Registration number.
 - Instructions for accessing the user's documents on both the Registry website at <http://www.doh.wa.gov/livingwill> and by calling 1-800-548-9455.
 - Wallet card with user's name, registration number, and emergency contact information.
 - Registry stickers to affix to the user's drivers license, ID card, and insurance cards.
3. Users SHOULD share their registration number located on their wallet card with anyone who should have access to their health care directive documents. For example, family members or physicians. Anyone may access a person's health care directive documents using the registration number. When the registration number is not available, an authorized health care provider may search the Registry for a specific person's health care directive documents by using the individual's personal identifying information. You may request free of charge a replacement wallet card by calling 1-800-548-9455.
4. Users are responsible for making sure that:
- Their health care directive documents comply with Washington State laws.
 - Copies of health care directives are readable.
 - Information in both the *Registration Agreement / Authorization to Change* form and their health care directive documents are accurate and up to date.
 - The Registry is notified as soon as possible of any changes to a health care directive document or the user's personal identification information.
5. Users may notify the Registry of changes by completing and submitting a *Registration Agreement / Authorization to Change* form. For your convenience, you may access and download the form at: <http://www.doh.wa.gov/livingwill>. If you don't have Internet access, call 1-800-525-0127 and the form will be mailed to you. Once the Registry receives a completed *Registration Agreement / Authorization to Change* form the Registry will update the user's file with the change(s). The documents in the user's file will appear in date order with the most recent documents first. Notifying the Registry of change is vital if a user wants their wishes to be carried out.
6. The Registry service is free of charge to residents of Washington. Users may submit as many *Registration Agreement / Authorization to Change* forms and health care directive documents as needed without charge.
7. The *Registration Agreement* shall remain in effect until the Registry receives reliable information that the user is deceased, or the user requests that the registry agreement be terminated. When the *Registration Agreement* is terminated, the Registry will delete the user's file from the Registry database and the file will no longer be accessible to health care providers.
8. The Registry shall not be liable for improper, inaccurate, or incomplete transmission or disclosure of any user's health care directive documents or for the loss or unavailability of all or part of a user's documents. Registering documents is not a guarantee the user's health care treatment wishes will be followed.
9. Only the Registry can change the terms of the *Registration Agreement*.